

**State of California
Department of Developmental Services**

**Program Plan
Information and Development
ICF/DD-H**

**Health Facilities Program Section
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814
(916) 654-1965
ddshfps@dds.ca.gov**

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HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

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DEPARTMENT OF DEVELOPMENTAL SERVICES AT A GLANCE

~ VISION ~

BUILDING PARTNERSHIPS, SUPPORTING CHOICES

~ MISSION ~

The Department of Developmental Services is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices.

Department of Developmental Services

The State of California has a commitment to provide services and supports to individuals with developmental disabilities throughout their lifetime. These services and supports are provided through a combination of federal, state, county and local government services, private businesses, support groups, and volunteers.

The Department of Developmental Services provides leadership and funding for these services and supports through five state developmental centers, two state-operated community facilities, and contracts with twenty-one agencies called regional centers. The regional centers have offices throughout California to provide a local resource to help find and access the many services available to individuals with developmental disabilities and their families.

Developmental Disabilities

To be eligible for services, the disability must begin before the person's 18th birthday, be expected to continue indefinitely, and present a significant disability. Also, the disability must be due to one of the following conditions: mental retardation, cerebral palsy, epilepsy, autism, and disabling conditions closely related to mental retardation or requiring similar treatment. Developmental disability does not include other conditions that are solely attributable to a psychiatric, physical, or learning disability.

The Lanterman Act

The Lanterman Developmental Services Act, passed in 1969, defines the rights of persons who have developmental disabilities, ensures that eligible individuals will receive appropriate services, and defines how those services will be delivered. The Lanterman Act provides the framework for the mission and goals of the department and makes sure that the interests and needs of individuals who have developmental disabilities will not be ignored. As well, it establishes the structure and principles of California's developmental disabilities services system and defines the roles and responsibilities of DDS, the regional centers, and other related entities. With respect to community services, the Act provides for the establishment of a network of non-profit community agencies (regional centers) to provide fixed points of contact for individuals and their families. The purpose of the fixed points of community contact is to provide families access to services best suited to meet the needs of the persons who have developmental disabilities throughout their lifetimes. DDS, responsible for providing policy direction and oversight to the community services delivery system, is the state-contracting agency for regional centers.

DEPARTMENT OF DEVELOPMENTAL SERVICES HEALTH FACILITIES PROGRAM SECTION

The Health Facility Program Section (HFPS) is responsible for specified activities involving health facilities including Intermediate Care Facilities for the developmentally disabled (ICF/DD), habilitative (ICF/DD-H), nursing (ICF/DD-N) and continuous nursing programs (ICF/DD-CN). These facilities provide 24-hour personal care, developmental and habilitative training and health services in community settings to adults and children with developmental disabilities.

Specific functions and responsibilities of the HFPS are as follows:

- Provide consultation and technical assistance to existing and potentially new ICF/DD providers, Department of Health (DHS), Licensing and Certification offices and regional center community resource developers in the planning, development and placement of clients.
- Review and approve Qualified Mental Retardation Professional (QMRP) and/or ICF/DD, DD-H, DD-N Administrator qualifications and initial ICF/DD, DD-H, DD-N Program Plans including conversions from community care facilities and change of ownership. Review notifications of changes to existing program plans, age range changes and changes in type of ownership.
- Review and approve Medication Training Program Plans. Review and approve Nursing Attendant Training Plans and Specialized Procedures for ICF/DD-Nursing Programs. Provide consultation, technical assistance to and liaison with nurses, facility and regional center staff.
- Manage crises, in coordination with DHS, Department of Social Services (DSS) and individual regional centers relative to the closure or threatened closure of residential programs that include ICF/DD, ICF/DD-H, ICF/DD-N, ICF/DD-CN, pediatric sub-acute programs, and community care facilities.
- Serve as the Department's resource and liaison contact on sub-acute care programs with DHS concerning contract monitoring, rates and program development.
- Monitor and maintain the HFPS ICF database of providers; input data for current licensing and certification status of facilities and providers that HFPS receives from the DHS Provider's Certification Unit.
- Perform administrative activities such as legislative bill analysis, review and approval of eight-hour provider training and orientation curricula, and participate in work groups with other departments relative to the ICF/MR programs and facilities.
- Assist in the resolution of issues between providers and regional centers, DHS, licensing and certification, and Medi-Cal offices.
- Review DHS citations information and interface with providers and regional centers.

October 5, 2004

CALIFORNIA REGIONAL CENTERS

Regional Center	Contact Information	Area Served:
Alta California Regional Center 2135 Butano Drive Sacramento, CA 95825	916/978-6400 Fax: 916/489-1857 Web site: www.altaregional.org	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba
Central Valley Regional Center 4615 North Marty Avenue Fresno, CA 93722-4186	559/276-4300 Fax: 559/276-4450 Web site: www.cvrcc.org	Fresno, Kings, Madera, Mariposa, Merced, Tulare
Eastern Los Angeles Regional Center 1000 South Fremont Alhambra, CA 91802-7916 P. O. Box 7916 Alhambra, CA 91802-7916	626/299-4740 Fax: 626/281-0730 Web site: www.elarc.org	Alhambra, East Los Angeles, Northeast, Whittier
Far Northern Regional Center 1900 Churn Creek Road, #319 Redding, CA 96002 P. O. Box 492418 Redding, CA 96049-2418	530/222-4791 Fax: 530/222-8908 Web site: www.farnothernrc.org	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity
Frank D. Lanterman Regional Center 3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010	213/383-1300 Fax: 213/383-6526 Web site: www.lanterman.org	Central, Glendale, Hollywood- Wilshire, Pasadena
Golden Gate Regional Center 120 Howard Street, Third Floor San Francisco, CA 94105	415/546-9222 Fax: 415/546-9203 Web site: www.ggrc.org	Marin, San Francisco, San Mateo
Harbor Regional Center 21231 Hawthorne Boulevard Torrance, CA 90503 PO Box 2930 Torrance, CA 90509	310/540-1711 Fax: 310/540-9538 Web site: www.hddf.com	Bellflower, Harbor, Long Beach, Torrance
Inland Regional Center P. O. Box 6127 San Bernardino, CA 92412-6127	909/890-3000 Fax: 909/890-3495 Web site: www.inlandrc.org	Riverside, San Bernardino
Kern Regional Center 3200 North Sillect Avenue Bakersfield, CA 93308 P. O. Box 2536 Bakersfield, CA 93303	661/327-8531 Fax: 661/324-5060 Web site: www.kernrc.org	Inyo, Kern, Mono
North Bay Regional Center 10 Executive Court Napa, CA 94558 P. O. Box 3360 Napa, CA 94558	707/256-1100 Fax: 707/256-1112 Web site: www.nbrc.org	Napa, Solano, Sonoma
North Los Angeles County Regional Center 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	818/778-1900 Fax: 818/756-6140 Web site: www.nlacrc.org	East Valley, San Fernando, West Valley, Antelope Valley
Redwood Coast Regional Center 525 Second Street, Suite 300 Eureka, CA 95501	707/445-0893 Fax: 707/444-3409 Web site: www.redwoodcoastrc.org	Del Norte, Humboldt, Mendocino, Lake
Regional Center of the East Bay 7677 Oakport Street, Suite 1200 Oakland, CA 94621	510/383-1200 Fax: 510/633-5020 Web site: www.rceb.org	Alameda, Contra Costa

October 5, 2004

CALIFORNIA REGIONAL CENTERS

Regional Center	Contact Information	Area Served:
Regional Center of Orange County 801 Civic Center Drive West, Suite 300 Santa Ana, CA 92701 P. O. Box 22010 Santa Ana, CA 92702-2010	714/796-5100 Fax: 714/541-3021 Web site: www.rcocdd.com	Orange
San Andreas Regional Center 300 Orchard City Drive, Suite 170 Campbell, CA 95008 P. O. Box 50002 San Jose, CA 95150-0002	408/374-9960 Fax: 408/376-0586 Web site: www.sarc.org	Monterey, San Benito, Santa Clara, Santa Cruz
San Diego Regional Center 4355 Ruffin Road, Suite 205 San Diego, CA 92123-1648	858/576-2932 Fax: 858/576-2873 Web site: www.sdrc.org	Imperial, San Diego
San Gabriel/Pomona Regional Center 761 Corporate Center Drive Pomona, CA 91768	909/620-7722 Fax: 909/622-5123 Web site: www.sgprc.org	El Monte, Monrovia, Pomona, Foothill
South Central Los Angeles Regional Center 650 West Adams Boulevard, Suite 200 Los Angeles, CA 90007-2545	213/763-7800 Fax: 213/744-7068 Web site: www.sclarc.org	Compton, San Antonio, South, Southeast, Southwest
Tri-Counties Regional Center 520 East Montecito Street Santa Barbara, CA 93103	805/962-7881 Fax: 805/560-3944 Web site: www.tri-counties.org	San Luis Obispo, Santa Barbara, Ventura
Valley Mountain Regional Center 7109 Danny Drive Stockton, CA 95210 P. O. Box 692290 Stockton, CA 95269-2290	209/473-0951 Fax: 209/473-0256 Web site: www.vmrc.net	Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
Westside Regional Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953	310/258-4000 Fax: 310/649-1024 Web site: www.westsiderc.org	Inglewood, Santa Monica-West

INTERNET REFERENCE LIST

Department of Developmental Services Home Page	www.dds.ca.gov
DDS: Information on Intermediate Care Facilities Information on Intermediate Care Facilities serving developmentally disabled persons licensed by the Department of Health Services.	www.dds.ca.gov/LivingArrang/icf.cfm
DDS: Information on Community Care Facilities Information on service levels of community care facilities vended by regional centers and licensed by Community Care Licensing.	www.dds.ca.gov/livingarrang/ccf.cfm
DDS: Directory of Regional Centers Information on regional center locations and areas served.	/www.dds.ca.gov/rc/rclist.cfm
DDS: Title 17 Regulations Regulations promulgated by the Department of Developmental Services.	www.dds.ca.gov/Title17/T17main.cfm
Centers for Medicare & Medicaid Services ICF/MR Program Information Site.	www.cms.hhs.gov/medicaid/icfmr
California Code of Regulations Website Title 22 regulations pertaining to Intermediate Care Facilities.	ccr.oal.ca.gov
California Law Website: For information on the Welfare & Institutions Code, Health & Safety Code, etc.	www.leginfo.ca.gov/calaw.html
California Department of Consumer Affairs For information on licenses, complaints and certification of professional staff.	www.dca.ca.gov
California Association of Health Facilities A non-profit statewide professional association for long-term care providers.	www.cahf.org
Developmental Services Network A coalition of ICF/MR providers who operate facilities serving 15 or less individuals.	www.developmentalservicesnetwork.org

HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

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INTERMEDIATE CARE FACILITY PROGRAM TYPES (ICF/DD, ICF/DD-H, ICF/DD-N, ICF/DD-CN)

Intermediate Care Facilities (ICF) are health facilities licensed by the Licensing and Certification Division of the California Department of Health Services to provide 24-hour-per-day services. The four types of ICFs providing services for Californians with developmental disabilities in the community are:

ICF/DD (Developmentally Disabled)

"Intermediate care facility/developmentally disabled" is a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

ICF/DD-H (Habilitative)

"Intermediate care facility/developmentally disabled-habilitative" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

ICF/DD-N (Nursing)

"Intermediate care facility/developmentally disabled-nursing" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

ICF/DD-CN (Continuous Nursing) Pilot Program

These facilities provide services similar to ICF/DD-N services with the addition of 24-hour skilled nursing services (licensed vocational nurse and registered nurse) for those consumers whose medical conditions require continuous nursing care and observation. The ICF/DD-CN facilities provide these services for 4-15 consumers in a community-based living arrangement, with preference given to facilities serving 4-6 individuals. The pilot project is currently limited to selected participants and no new facilities are currently being developed.

*Source: Health & Safety Code online: www.leginfo.ca.gov

PROGRAM PLAN PROCESS OVERVIEW

The ICF facility types are as follows:

- ICF/DD* – Intermediate Care Facility for the Developmentally Disabled
- ICF/DD-H - Intermediate Care Facility for the Developmentally Disabled-Habilitative
- ICF/DD-N - Intermediate Care Facility for the Developmentally Disabled-Nursing
- ICF/DD-CN** - Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing

*Development of this facility type is not described in this packet, as it has not been identified as a need since regional centers began developing facilities of 15 beds or less.

**Development of this facility type is not described in this packet, as it is a pilot project and limited to selected participants.

Opening a small community based health facility for the developmentally disabled is a complicated process. Each prospective provider must work with many agencies during the facility development process.

The California Code of Regulations, Title 22, requires that a facility program plan be submitted to the Department of Developmental Services for review and approval prior to Department of Health Services issuing a license to operate.

To determine if there is a need for the type of facility you want to open, contact the regional center Resource Developer in your catchment area (See the Regional Center Phone List, Section I). You may need to adjust your plans and services to meet the needs identified by the regional center.

After determining the type of facility, you will need to do the following to develop your Program Plan:

- ✓ Review the program plan packet.
- ✓ Attend the 8-hour Provider orientation (if you have not previously attended).
- ✓ Consult with a Registered Nurse to formulate your Medication Training Program Plan (both facility types) and Attendant training (ICF/DD-N only).
- ✓ Use the Program Plan Checklist, Medication Training Program Plan Checklist, Title 22 Regulations, and the Code of Federal Regulations as your guide to develop your Program Plan.
- ✓ Use the checklists to ensure that all topic areas are discussed.

Forms and information are included to assist in the development of your plan. Forms and information included correspond to attachments #4, #5, and #9 (See Program Plan Checklist, Section 3-2, page 6).

When your plan is complete, submit the following:

1. Health Facilities Program Application Form – DS 1852 (complete both pages).
2. Program Plan packet and attachments.
3. Consultants qualifying documents.
4. Completed checklists.

Submit your Program Plan Packet to the address below:

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814

The analyst in your catchment area will review your plan for clarity and content using the Program Plan Checklist. You will be contacted if changes to your program plan are required.

The Nurse Consultant will review the Medication Training Plans, Attendant Training, and Specialized Procedures.

INFORMATION ON NAVIGATING THE AGENCIES

An understanding of the difference between the *licensure* and *certification* process is important for prospective providers. A *license* is granted when the facility meets the initial requirements to open its doors and admit clients. A *certification* is the review process that is conducted to ensure that the facility meets the federal standards of participation in the Medi-Cal Program.

It is the certification portion of the process that qualifies the facility for the daily reimbursement from Medi-Cal. It is imperative that the licensee and facility staff involved understand that the facility must remain in **continuous** compliance with all federal and state regulations. Failure to do so jeopardizes the facility's certification and Medi-Cal reimbursements.

Potential applicants interact with the following regulatory and state governmental entities that are responsible for different aspects of the licensing and certification process including, but not limited to:

- **Regional Center:** Determines the need for services and placement of clients.
- **Department of Developmental Services (DDS), Health Facilities Program Section (HFPS):** Review and approves program plans.
- **Department of Health Services (DHS), Licensing and Certification:** Grants licenses and conducts certification surveys.
- **Department of Health Services, Medi-Cal Field Office:** Reviews and approves initial and continued client eligibility for level of care.
- **Department of Health Services, (DHS) Life Safety Code Unit:** Conducts the Life and Safety Survey.
- **Electronic Data System (EDS):** Reviews billings/processes and issues Medi-Cal payments.

It is essential that applicants become familiar with the state and federal regulations and the process for initial licensure and certification.

ICF DD-H and ICF DD-N REQUIREMENT FOR NEW PROVIDER ORIENTATION EIGHT-HOUR PROVIDER TRAINING

The Health and Safety Code Section 1268.6 requires that a prospective applicant or designee of the applicant, attend a mandatory eight-hour orientation program approved by the Department of Developmental Services. It is the responsibility of the applicant/designee to obtain this mandatory training prior to initial licensure of an intermediate care facility for habilitative or nursing services.

The program plan packet must contain a copy of the certificate demonstrating proof of attendance for the eight hours training (Attachment #3 on the checklist). If proof of attendance is not submitted, the review process will not commence and the program plan will be returned to the applicant/designee.

The following contains the names of the entities that currently provide approved training:

AGENCY NAME AND ADDRESS	CONTACT PERSON AND PHONE
Spring Lake Training Center 18800 Amar Road, Suite C12 Walnut, CA 91789	Harviena Williams (626) 913-0751
California Association of Health Facilities 2001 K Street Sacramento, CA 95814	Seminar Program Manager (916) 441-6400
Millennium Education and Health Care Associates P. O. Box 78 Chino Hills, CA 91709	Lilly Daniels (888) 897-8912 (24 hours)
Vail and Associates 39120 Argonaut Way #709 Fremont, CA 94538	Gretchen Vail (510) 792-0991

Note: All prospective applicants/designees are referred to the Health and Safety Code section referenced on the next page.

CALIFORNIA HEALTH AND SAFETY CODE

SECTION 1268.6

1268.6. Commencing July 1, 1997, it shall be a requirement of initial licensure of an intermediate care facility/developmentally disabled-habilitative or an intermediate care facility/developmentally disabled-nursing that the applicant or designee of the applicant attend an eight-hour orientation program approved by the State Department of Developmental Services.

(a) The eight-hour orientation program shall outline the role, requirements, and regulations of each of the following:

- (1) The scope of responsibility for operation including regulatory requirements and statutes governing the facility type.
- (2) Cost reporting.
- (3) Local planning.
- (4) Regional center and other community support services.
- (5) All federal and state agencies responsible for licensing and certification, and data collection.
- (6) Government and private agencies responsible for ensuring the rights of the developmentally disabled.

(b) The orientation shall be conducted by relevant community services and provider organizations. Organizations conducting the orientation class shall be responsible for keeping a record of all attendees and shall provide the department with the information within 15 working days or upon request. Instructors of the orientation must have knowledge or experience in the subject area to be taught, and shall meet any of the following criteria:

- (1) Possession of a four-year college degree relevant to the course or courses to be taught.
- (2) Be a health professional with a valid and current license to practice in California.
- (3) Have at least two years experience in California as an administrator of a long-term health care facility that provides services to persons with developmental disabilities within the last eight years.

(c) If the licensee can demonstrate to the satisfaction of the department that the licensee or a representative of the licensee has taken the orientation program within a two-year period prior to opening a new facility, the licensee shall not be required to repeat the program to open the facility. This subdivision shall become inoperative on July 1, 2001.

(d) On or after July 1, 2001, if the licensee can demonstrate to the satisfaction of the department that the licensee, or a representative of the licensee, has taken the orientation program any year prior to opening a new facility, the licensee shall not be required to repeat the program to open the facility.

APPROVAL AND NOTIFICATION INFORMATION

The Health Facilities Program Section (HFPS) Application is used for processing transactions involving the operations of Intermediate Care Facilities (ICF) for the Developmentally Disabled (ICF/DD), Habilitative (ICF/DD-H), Nursing (ICF/DD-N) and Continuous Nursing (ICF/DD-CN) Programs.

DDS uses the updated Health Facilities Program Application Form (DS 1852) as a control document for the initial program plan review, Qualified Mental Retardation Professional (QMRP) approvals and notification of changes to your approved program plan.

APPROVALS:

For an initial Program Plan approval, you will receive an approval letter and a signed copy of the DS 1852. Any QMRP changes made after the initial program plan approval need to be reviewed and approved by the HFPS staff. Submit a copy of the QMRP applicant's degree, license or qualifying document and a copy of their resume along with the application completed front and back.

You will receive a decision on the requested action via a signed copy of your Application form DS 1852. If the assigned analyst has any questions you will be contacted by phone, email or fax.

NOTIFICATIONS:

The California Code of Regulations, Title 22 Section 73859 and Section 76857 states: *"Any changes in the facility operation which alter the contents of the approved program plan, including changes of approved staff, shall be reported to the Department of Developmental Services within 10 working days"*. Notifications of any changes to the program plan by a provider (other than the QMRP approval outlined above) should be provided to the Department in writing via mail or fax. The department does not provide letters of approval for these changes. If the Department has questions about your changes, the assigned analyst will contact you by phone, email or fax.

For changes to the facility ID Team Consultant staff other than the QMRP, it is the responsibility of the facility to obtain and maintain the current license or other qualifying document, resume and contract. A DS 1852 form is not required for staff changes.

DDS keeps a database of all ICF/DD type facilities. We request your assistance to ensure that we have up to date information on file. Please use the DS 1852 form to keep DDS updated with changes in addresses, email and phone numbers.

With your request for approval or notification of change, please submit any supportive documents with the HFPS Application indicating the type of change to:

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street Room 320, MS 3-9
Sacramento, CA 95814

The application, along with the supportive documents, will facilitate and expedite the processing of your request/notification while providing an official record of your transaction. If you have any questions regarding this process, contact the Health Facilities Program Section at (916) 654-1965 or send an e-mail to ddshfps@dds.ca.gov.

HEALTH FACILITY PROGRAM PLAN APPLICATION**DS 1852 (Rev. 7/2004) (Electronic Version)****REQUEST FOR APPROVAL:**

Initial Program Plan approval:
 Conversion from CCF level _____ facility
 Change of ownership
 New facility
 QMRP Approval: Attach copy of degree and resume

NOTIFICATION OF CHANGES:

Changes to existing Program Plan
 Change of address or phone
 Other: _____

LICENSE CATEGORY:

ICF/DD-H Program Plan

ICF/DD-N Program Plan

ICF/DD Program Plan: Annual Approval

FACILITY NAME: _____

Telephone: (____) _____

***MEDI-CAL PROVIDER ID #05G _____ or #55G _____**
 (* IF ASSIGNED)

Fax: (____) _____

Facility

Address: _____

E-mail: _____

Licensee/Corporation: _____

Telephone: (____) _____

Licensee/Corporation Address: _____

Fax: (____) _____

E-mail: _____

Corporate designee: _____

Mailing address: _____

Proposed/Actual Capacity: M ____ F ____

Licensed capacity of facility: _____ Age range: _____ Ambulatory status: _____
 (beds) (AMB/NON-AMB)

QMRP:**ADMINISTRATOR:**

Signature of Licensee/Corporate Designee

Title

Date

SUBMIT APPLICATION TO:

Department of Developmental Services
 Health Facilities Program Section
 1600 Ninth Street, Room 320, MS 3-9
 Sacramento, CA 95814

Phone: (916) 654-1965

Fax: (916) 654-2187

E-Mail: ddshfps@dds.ca.gov

FOR DEPARTMENT USE ONLY

Date received: _____

Date of program plan approval: _____

Date of QMRP approval: _____

Signed by: _____

LICENSEE INFORMATION Identify any other facilities owned or operated by the licensee.		
Name of facility	Regional Center	Capacity
1.		
2.		
3.		
4.		

QMRP INFORMATION Identify any other facilities served by the QMRP.		
Name of facility	Regional Center	Capacity
1.		
2.		
3.		
4.		

ADMINISTRATOR INFORMATION Identify any other facilities administrated by the Administrator.		
Name of facility	Regional Center	Capacity
1.		
2.		
3.		
4.		

Attach additional pages if necessary.

Department of Health Services, Licensing & Certification District Office: _____ Address: _____ Phone number: () _____ Contact person: _____	
Department of Health Services, Medi-Cal Field Office: _____ Address: _____ Phone number: () _____ Contact person: _____	
Regional Center: _____ Address: _____ Phone number: () _____ Contact person: _____	

HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

Section III: Program Plan Development ICF/DD-Habilitative

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..... (Pages 1-3)	

PROGRAM PLAN FORMAT

ICF/DD-HABILITATIVE

Instructions

1. To develop your Program Plan use the Program Plan Checklist, Title 22, Chapter 8.5 beginning with Section 76800, and the Code of Federal Regulations, Appendix J as your guide.
2. Prior to submission to DDS, review your Program Plan against the checklist to ensure that it is complete. Enter the page number in the left column of the checklist.
3. Place components of the Program Plan in sequential order to assure approval in a timely manner (see sample Table Of Contents below).
4. Language should be clear and concise. We recommend a 12-point font. Please do not use only uppercase letters.
5. Any missing documents will render your Program Plan incomplete and delay approval. If the Program Plan is unclear or incomplete, the assigned analyst will contact you.

Checklist: Title 22 and Federal Tags are referenced. This is to aid you in locating the specific regulations and is not meant as a substitute for reviewing the regulations. The bolded information on the checklist is required by Title 22 for program plan approval. The additional information is included to alert the applicant to critical requirements that must be in place for licensure and certification by DHS.

Below is a sample of the program plan format of information. Please include a Table of Contents with the sections listed below.

NEW PROGRAM PLAN

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Client Assessment Process	Page ____
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Orientation and In-Service Training Program	Page ____
Attachments	Page ____

ICF DD-HABILITATIVE PROGRAM PLAN CHECKLIST

FACILITY NAME: FACILITY ADDRESS:		Telephone: ()		
CONTACT:		Fax: ()		
Proposed/Actual Capacity: M ____ F ____		E-mail:		
Licensed capacity of facility:		Age range:		Ambulatory status:

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	DS 1852 - HFPS Application Form.			
	Pages numbered, sections labeled consistent with the Table of Contents.			
PROGRAM PLAN REQUIREMENTS: Section 76857 The facility program plan shall include:				
	Section 76857(a)(1) The number of eligible clients.			
	Section 76857(a)(2) A profile of the client population using the CDER. <i>[PROVIDE A NARRATIVE REGARDING THE CLIENT POPULATION TO BE SERVED OR THE POPULATION BEING SERVED.]</i>			
CLIENT ASSESSMENT PROCESS: Section 76857(a)(3) A summary of client's identified needs. Section 76857(a)(11) Provisions for accomplishing the following: (A) An initial assessment of each client to identify the current level of needs and functioning. (B) An individual service plan developed by the interdisciplinary professional staff team (IPST) under the direction of the QMRP.				
	Section 76859(a)(1): Review and update the preadmission evaluation within 30 days following client's admission.			
	Section 76859(a)(2): Assess the client's developmental status which includes prioritized problems, disabilities, developmental strengths and weaknesses, and the client's needs and discharge plan, all of which provide the basis for formulating an individual service plan for the client.			
	Section 76859(a)(3): Write an evaluation stating the recommendations for development of the ISP.			
	Section 76859(b): Share the assessment with the direct care staff and interpret the assessment to the client and when lawful, the client's parents or authorized representative.			
	W259 The Comprehensive Functional Assessment of each client must be reviewed by the IDT for relevancy and updated as needed. <i>[IDENTIFY METHODS TO REVIEW AND UPDATE ASSESSMENT INFORMATION AND WHO WILL BE RESPONSIBLE.]</i>			
Section 76859(c): Review client progress every six (6) months. The review shall include:				
	Section 76859(c)(1) Consideration of the client's need for continued ICF DD-H services or alternative placement.			

	Section 76859(c)(2) Consideration of the client's need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next annual review.			
	Section 76859(c)(3) Provision for the protection of the client's civil and legal rights (W & I Code 4502-4505 and Title 17, Sections 50500-50550).			
	Section 76859(c)(4) Assessment of the client's recreational interests.			
W226-228 Within 30 days after admission, the IDT must prepare for each client an IPP (ISP) that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment and planned sequence for dealing with those objectives. These objectives must:				
	W229 Be stated separately in terms of single behavioral outcome.			
	W230 Be assigned projected completion dates.			
	W231 Be expressed in behavioral terms that provide measurable indices of performance.			
	W232 Be organized to reflect a development of progression appropriate to the individual.			
	W233 Be assigned priorities.			
PROGRAM ELEMENTS:				
Section 76862(a) The facility shall have the capability to provide program services based on client's specific needs as identified through the individual client assessment and include as appropriate:				
	Section 76862(a)(1) Sensory-motor development.			
	Section 76862(a)(2) Self-help skills training.			
	Section 76862(a)(3) Behavior management program. [DISCUSS BEHAVIOR MANAGEMENT IN THE NEXT SECTION.]			
	Section 76862(a)(4) Habilitation program.			
Section 76862(b) The facility shall provide active treatment seven days a week, each client receiving no less than 56 hours per week. Treatment program hours shall include:				
	Section 76862(b)(1) Active treatment provided by agencies either outside or inside the facility shall be specified in the ISP.			
	Section 76862(b)(2) No more than two consecutive hours not devoted to active treatment as specified in the ISP. If additional unstructured time is required see Section 76861(b)(2).			
	Section 76862(b)(3) Weekend programming which emphasizes recreational and social experiences.			
	W126 Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. <u>483.420(a)(4) GUIDELINES:</u> Since money is a right, determine if the facility demonstrated, based on objective data, that the individual was unable to be taught how to use money before the decision was made to restrict the right.			
W196 Each client must receive continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:				
	(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible and			
	(ii) the prevention or deceleration of regression or loss of current optimal functional status.			

BEHAVIOR MANAGEMENT PLAN - PROGRAM COMPONENTS:				
Section 76869 and W197, W274-W309				
Section 76869(c)(2) Identification and assessment of maladaptive behaviors which require management is conducted by the IDT which addresses the following areas:				
	Section 76869(c)(2)(A) Social and emotional status.			
	Section 76869(c)(2)(B) Communication skills.			
	Section 76869(c)(2)(C) Physical and mental status.			
	Section 76869(c)(2)(D) Cognitive and adaptive skills.			
	Section 76869(c)(2)(E) Identification of specific maladaptive behaviors.			
	Section 76869(c)(2)(F) The data baseline which addresses the specific behavior.			
	Section 76869(c)(2)(G) An analysis of the maladaptive behaviors identified in terms of their antecedents and consequences.			
	Section 76869(c)(3) Behavior management plans are in writing and available to all staff, the client if appropriate, the client's representative, if legal.			
Section 76869(c)(3) The behavior management plan includes:				
	Section 76869(c)(3)(A) Long-range goals.			
	Section 76869(c)(3)(B) Time-limited, measurable, observable objectives, consistent with long-range goals.			
	Section 76869(c)(3)(C) Objectives to identify the interventionist, and place and type of intervention and reinforcement to be used.			
Section 76869(c)(4) The written behavior management program requires a written document that, PRIOR to the intervention, clearly justifies:				
	Section 76869(c)(4)(A) The procedure to be used is the least restrictive and most effective for the maladaptive behavior.			
	Section 76869(c)(4)(B) The intervention area is designed to avoid stigma, and to support and reinforce adaptive behavior and is specified.			
	Section 76869(c)(4)(C) A specific choice from different behavior interventions has been made based on relative effectiveness.			
	Section 76869(c)(4)(D) The undesirable long, short-term effects which may be associated with the procedures have been identified.			
	Section 76869(c)(4)(E) The conditions under which procedure is contraindicated is identified.			
	Section 76869(c)(4)(F) Social, behavioral and status benefits that can be expected have been specified.			
	Section 76869(c)(4)(G) The rights of the DD person were and are protected per W&I code Section 4503.			
	Section 76869(c)(4)(H) All legal and regulatory requirements have been met.			
	Section 76869(c)(4)(I) There is a plan to decrease the restrictiveness of the program.			
	Section 76869(c)(4)(J) A recommended treatment hierarchy			

	which identifies the maladaptive behavior warranting the most immediate attention has been developed.			
Section 76869(c)(5) A written monthly report of progress which includes:				
	Section 76869(c)(5)(A) Progress on each objective.			
	Section 76869(c)(5)(B) Determination as to whether the program should continue as designed or be amended.			
Section 76869(c)(5)(C) In those instances when it can be demonstrated that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to: [IF ANY OF THE FOLLOWING BEHAVIORAL PROGRAMS WILL NOT BE USED, STATE THIS IN YOUR PROGRAM PLAN.]				
	Contingent observation			
	Extinction			
	Withdrawal of social contact			
	Fines			
	Exclusion time-out, with client in constant visual observation			
Explain the type of restrictive/aversive techniques to be utilized after approval from ID team and Human Rights Committee (HRC). Explain whether written informed consent has been obtained: (REFERENCE: W128; Section 76868)				
	Containment			
	Physical restraint			
	Medication			
Section 76917 Human Rights Committee: The facility shall have a Human Rights Committee (HRC) which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code Section 4502-4505 and Sections 50500-50550, Title 17 California Administrative Code are safeguarded.				
	Section 76917 (b) Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed and action taken.			
Section 76917 (c) Committee organization shall be as follows:				
	Section 76917 (c)(1) Composition of the committee shall consist of at least the administrator, QMRP, RN, Regional Center Client's Rights Advocate and with the consent of the client or when otherwise permitted by law, a client representative or developmentally disabled person, parent or community representative and may include a member from the local Area Board on Development Disabilities.			
	Section 76917 (c)(2) The committee shall meet at least quarterly.			
Section 76917 (c)(3) The function of the HRC shall include:				
	Section 76917 (c)(3)(A) Development of policies and procedures to assure and safeguard the clients rights listed in the W & I Code and Title 17.			
	Section 76917 (c)(3)(B) Monitor staff performance to ensure that policies and procedures are implemented.			
	Section 76917 (c)(3)(C) Document and participate in developing and implementing relevant in-service training programs.			
	Section 76917 (c)(3)(D) Review treatment modalities used by the facility where client human rights and dignity is affected.			
	Section 76917 (c)(3)(E) Review and approve at least annually, all behavior management programs. For programs utilizing			

	restrictive procedures, the minutes of the HRC shall reflect all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive alternative.			
	W124 Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment and of the right to refuse treatment.			
INITIAL ORIENTATION TRAINING:				
Section 76873(b) The facility shall require that all new staff, prior to providing direct care services, receive eight (8) hours of orientation which shall be documented and be completed during the first 40 hours of employment.				
	Tour of the facility			
	Description of client population			
	Special needs of DD clients			
	Overall program concepts, including normalization			
	Developmental growth & assessment			
	Implementation of the ISP			
	Clients activities of daily living			
	Use of adaptive equipment or devices			
	Unusual occurrences, including emergency procedures for relief of choking			
IN SERVICE TRAINING PLAN:				
Section 76873(c) The facility shall require that all staff, in addition to eight (8) hours of orientation training receive at least three (3) hours per month, 36 hours annually, of planned in-service training which shall be documented and shall include but not limited to the following topics:				
	Program techniques			
	Developing program objectives			
	Evaluation, assessment techniques			
	Documentation of client progress			
	Developmental special needs of clients			
	Interpersonal relationships and communication skills between staff/clients			
	Confidentiality of client information			
	Detection of signs of illness warranting medical/nursing intervention			
	Basic nursing & health related skills			
	Behavior management			
	Emergency intervention procedures for behavior control			
	Prevention & control of infection			
	Fire & accident prevention & safety			
	Clients rights, per W&I code			
	Role of parent, guardian, conservator in overall service plan			
	First aid and CPR			
	Epilepsy			
	Locating and using program reference materials			
	Use and proper application of supportive devices			

PROGRAM PLAN ATTACHMENTS:				
ATTACHMENT #1	Section 76857(a)(5) A one-week program schedule for clients in the facility.			
ATTACHMENT #2	Section 76861(b)(3) Weekend programming which emphasizes recreational and social experiences.			
ATTACHMENT #3	Section 76857(6)(A) The facility's organizational chart.			
ATTACHMENT #4	Section 76857(6)(B) The IPST utilized indicating their disciplines worked each week. <i>[SEE CONSULTANTS AND PROFESSIONAL STAFF, SECTION III, PAGES 3-5]</i> <i>[OPTION: PROVIDE MONTHLY HOURS.]</i>			
ATTACHMENT #5	Section 76857(a)(6) Facility staffing pattern (for one week). <i>[SEE STAFF SCHEDULES, SECTION III, PAGES 3-3]</i>			
ATTACHMENT #6	Section 76857(a)(7) A description of space provided for program elements <i>[A FACILITY FLOOR PLAN]</i> .			
ATTACHMENT #7	Section 76857 (8) Description of the equipment available for program use.			
ATTACHMENT #8	Section 76857 (10) A plan for utilization of community resources.			
ATTACHMENT #9	W127, W153 through W157 Task Two Protocol: Develop system to prevent, report and investigate reported/suspected abuse. <i>[SEE ADDITIONAL INFORMATION IN PROGRAM PLAN DEVELOPMENT PACKET, SECTION V]</i>			
ATTACHMENT #10	Develop a facility wide Quality Assurance Plan.			
ATTACHMENT #11	Attach the following complete updated information for each professional staff: 1. Copy of contract. 2. Professional license, registration, certification or diploma. 3. Resume. <i>[INCLUDE TRANSLATIONS OF DIPLOMAS IF NECESSARY]</i>			
ATTACHMENT #12	Section 76909: The facility will maintain written transfer agreements with one or more general acute hospitals to make services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.			
ATTACHMENT #13	Medication Training Plan <i>[TO DEVELOP THE MEDICATION TRAINING PLAN, SEE THE MEDICATION TRAINING CHECKLIST ATTACHMENT, SECTION III, PAGES 3-6. THE MEDICATION TRAINING PLAN MUST BE SUBMITTED AS PART OF YOUR PROGRAM PLAN.]</i>			
ATTACHMENT #14	New Provider Orientation Include a copy of the certificate demonstrating proof of attendance for the 8-hour New Provider Orientation Training. <i>[SEE SECTION II, PAGES 2-4]</i>			

CONSULTANTS/PROFESSIONAL STAFF (ATTACHMENT #4)

- The references in the gray area are the federal and state requirements for the qualifications and staff hours. Federal “W” Tags define the qualifications of each discipline (See Staff Qualifications Section IV). The Title 22 Section references the requirement for consultant staff hours. Required staff appear in **bold** type.
- Indicate the professional staff name in the appropriate area. Include the following for EACH professional staff listed as Attachment #11: a complete, updated resume and qualifying document (license, certification, diploma, etc).
- Title 22, Section 76872: The ID Team shall be composed of at least three persons from any of the following disciplines: Recreation Therapist, Occupational Therapist, Psychologist, Physical Therapist, Social Worker, Speech Therapist, Audiologist, Physician, Pharmacist, Educator and the composition shall be of the numbers and disciplines appropriate to meet the client’s needs.

NAME/HOURS	CONSULTANTS/PROFESSIONAL STAFF
	QMRP: Federal Tag W159-180/Title 22, Section 76872
	Administrator: Federal Tag W106/Title 22, Section 76913
	Dentist: Federal Tag W348
	Dietitian: Federal Tag W179/Title 22, Section 76891
	Physician: Federal Tag W170
	Registered Nurse: Federal Tag W343, W344, W345/Title 22, Section 76878
	Pharmacist: Federal Tag W170/Title 22 Section 76905
	Physical Therapist: Federal Tag W173
	Occupational Therapist (or RT): Federal Tag W172 /Title 22, Section 76863
	Psychologist: Federal Tag W175
	Recreational Therapist (or OT): Federal Tag W178/ Title 22 Section 76863
	Social Worker: Federal Tag W176
	Speech Pathologist: Tag W177
	Audiologist: Tag W177

Signature

Date

ICF/DD-H FACILITY STAFF SCHEDULES (ATTACHMENT #5)

Minimum staffing requirements per week:

- ICF/DD-H - 252 hours (These hours include designated supervisory staff for 56 hours/week. See H & S Code reference below).
- Section 76872 (k): Each facility shall employ sufficient direct-care staff to carry out the active treatment programs and meet individual client needs.

FACILITY: _____

CAPACITY: _____

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							

Staff Number	Staff Name (If known)	Type of Staff-Licensed, Lead or Direct Care
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Health & Safety Code 1267.11. Each intermediate care facility/developmentally disabled-habilitative shall designate direct care staff persons to supervise the direct care services to clients for at least 56 hours per week. The hours of these supervisory staff persons shall be applied against the total number of direct care hours required in regulations developed by the department pursuant to Section 1267.7. These supervisory staff persons shall, at a minimum, meet one of the following criteria:

- (a) Possession of a valid vocational nurse or psychiatric technician license issued by the Board of Vocational Nurse and Psychiatric Technician Examiners.
- (b) Completion of at least 30 college or university units in education, social services, behavioral sciences, health sciences, or related fields, and six months experience providing direct services to developmentally disabled persons.
- (c) Eighteen months experience providing direct services to developmentally disabled persons while under the supervision of a person who meets the requirements of a mental retardation professional as defined in regulations.

ICF/DD - HABILITATIVE MEDICATION TRAINING PROGRAM PLAN CHECKLIST

INSTRUCTIONS

Correct administration of medication is one of the most important aspects contributing to the health and well-being of your consumers. To facilitate the development of your medication training program for your direct care staff, the following suggestions are provided:

- Begin with course objectives. Throughout the document follow the same format.
- Avoid overly technical wording and excessive abbreviations.
- Check for spelling, grammatical, and typographical errors. Use a 12-point font throughout the document.
- Note that section numbers are referenced on the checklist. Also referenced in each section are additional regulations from Title 22 and the Code of Federal Regulations which will assist in development of your training program.
- Use the checklist below to ensure all areas are covered by inserting the page number in the left column.
- The information in [] are guidelines to assist in the development of your medication training program.

PAGE NUMBER	REQUIREMENTS	MET	NOT MET	COMMENTS
MEDICATION ADMINISTRATION TRAINING PLAN: Sections 76876 (f)(1) (A-K) The facility has a medication training program which will be taught by an RN and/or consulting pharmacist which includes:				
	Section 76876 (f)(1)(A): Use, action, side effects of drugs used in facility. <i>[INCLUDE AT LEAST 5 DRUG CLASSIFICATIONS SUCH AS ANTI-CONVULSANTS, ANTIBIOTICS, ANTI-ANXIETY, ANTI-PSYCHOTICS, ANALGESICS.]</i>			
	Section 76876 (f)(1)(B): General practices and procedures for administering medications. Provide step-by-step procedures for administration of oral, rectal, eye, ear, nose, and topical medications. Follow the suggested example below: <u>IV. POLICIES AND PROCEDURES:</u> a. Check orders. b. Wash your hands. c. Gather equipment. d. Explain procedure to client. e. Provide for privacy, if applicable. f. g. <i>Reference: Section 76876 and 76895</i>			

PAGE NUMBER	REQUIREMENTS	MET	NOT MET	COMMENTS
	Section 76876 (f)(1)(C) Prescriber's verbal orders. <i>Refer to section 76896(d)(1-3)</i> <i>[STATE THE CONDITIONS UNDER WHICH STAFF CAN ACCEPT VERBAL ORDERS FROM PHYSICIANS.]</i>			
	Section 76876 (f)(1)(D) Establish protocol and time-lines for: Automatic stop orders. <i>Reference: Section 76897</i>			
	Section 76876 (f)(1) (E) Establish protocol and time-lines for: Medication storage, labeling. <i>Reference: Section 76900, Section 76901, 76902</i>			
	Section 76876 (f)(1)(F) Establish protocol and time-lines for: Disposing of unused, outdated medications. <i>Reference: Section 76903</i>			
	Section 76876 (f)(1)(G) Establish protocol and time-lines for: Documenting medications and treatments. <i>Reference: Section 76896, Section 76899, Section 76901, Section 76902</i>			
	Section 76876 (f)(1)(H) Requirements for documentation and physician notification of medication errors. <i>Reference: Section 76876 (h) and Federal Tag W374</i>			
	Section 76876 (f)(1)(I) Metric and apothecary dosages. <i>[PROVIDE BASIC CONVERSIONS FROM A RELIABLE SOURCE (I.E.: NURSING TEXTBOOK, DRUG HANDBOOK)]</i>			
	Section 76876 (f)(1)(J) Common abbreviations used in medication administration. <i>[IF ABBREVIATIONS ARE USED IN THE TEXT OF THE TRAINING PLAN, THESE ABBREVIATIONS SHOULD BE INCLUDED IN THIS SECTION.]</i>			
	Section 76876 (f)(1)(K) Locating, using reference materials. <i>[REFERENCE 2 OR 3 CURRENT BOOKS AND THEIR LOCATION IN THE FACILITY.]</i>			
	Section 76876 (f)(1)(3) Indicate how the facility RN will certify the staff person's proficiency in administering and recording the drugs given and where documentation of proficiency is recorded.			

MEDICATION TRAINING PROGRAM PLAN (Continued)

[THE FOLLOWING ADDITIONAL INFORMATION IS PROVIDED TO ASSIST IN THE DEVELOPMENT YOUR MEDICATION TRAINING PROGRAM PLAN]

I. FIVE RIGHTS OF MEDICATION ADMINISTRATION:

Practice the rules for giving medications safely:

1. Are you giving the medication to the **right person**?
2. Are you giving the **right medication**?
 - Compare the pharmacy label, the order and the medication sheet. If there is a discrepancy, DO NOT GIVE THE MEDICATION. CONTACT THE RN.
3. Are you giving the **right dosage**?
4. Are you giving it at the **right time**?
5. Are you giving by the **right route**?

II. PERFORM THREE CHECKS

Prior to giving the client his/her medication,
Check the label THREE times:

1. When removed from the cabinet.
2. Before opening.
3. As you put it away.

III. CONTROLLED DRUGS: (refer to Section 76902 and W385)

Provide training in the definition of controlled drugs including the following:

1. The schedules of medications and the reasons they are tightly controlled.
2. Methods of storage.
3. Methods of securing the medications.
4. Documentation specific to controlled drugs.

HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

Section IV: **QMRP & Consultants/Professional Staff** **Information**

QMRP Requirements	4-1
Code of Federal Regulations, Appendix J, W Tags 159-180.....	9 pages
Role of the Registered Nurse	3 pages

QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP) REQUIREMENTS

PROGRAM FLEXIBILITY

The Department of Developmental Services (DDS) expanded the required qualifications of persons who may serve as a Qualified Mental Retardation Professional (QMRP) when the Federal ICF/MR regulations became effective in October 1988. DDS adopted the federal definition for QMRP in all ICF/DD, ICF/DD-H, ICF/DD-N and ICF/DD-CN facilities. The federal criteria outdates the state regulations specified in the California Code of Regulations, Title 22.

The sections of the Code of Federal Regulations specific to QMRP qualifications are included in this section.

TRANSLATION/EDUCATION EQUIVALENCY

All QMRP applicants must meet the United States education equivalency requirements. In order to ensure compliance with the Federal Regulations, the Health Facilities Program Section (HFPS) staff refers licensees to translation agencies for those applicants who received their degrees or diplomas outside of the United States. QMRP approvals will not be granted without these translation documents that confirm the applicant meets the US education equivalency requirements.

DDS does not endorse any translation agency. There are translation agencies available in the yellow pages and on the Internet.

QMRP APPROVALS

DDS must review and approve all QMRPs. Request for QMRP approvals must be submitted with your initial program plan.

Any QMRP changes made after the initial program approval need to be reviewed and approved by the HFPS staff. Submit to assigned analyst, a copy of the QMRP applicant's degree, license or qualifying document and a copy of their resume along with the DS 1852 Application Form completed front and back.

You will receive a decision on the requested action via a signed copy of your DS 1852 Application Form. If there are any questions you will be contacted by phone, email or fax. This signed form will serve as your approval document.

Code of Federal Regulations
Centers for Medicare and Medicaid Services
State Operations Manual

Appendix J

Survey Procedures and Interpretive Guidelines
For Intermediate Care Facilities for
Persons with Mental Retardation

(Sections 483.430(a) W159 thru 483.430(b)(5)(x) W180)

W158**§483.430 Condition of Participation: Facility Staffing****§483.430 Compliance Principles**

The Condition of Participation of Facility Staffing is met when:

- The Condition of Participation of Active Treatment is met (i.e., there are sufficient numbers of competent, trained staff to provide active treatment.); and
- The Condition of Participation of Client Protections is met (i.e., there are sufficient numbers of competent, trained staff to protect individuals' health and safety.).

The Condition of Participation of Facility Staffing is not met when:

- The Condition of Participation of Active Treatment has first been determined to be not met and the lack of active treatment has resulted from insufficient numbers of staff or lack of trained, knowledgeable staff to design and carry out individual's programs; or
- The Condition of Participation of Client Protections has first been determined to be not met and the lack of client protection has resulted from insufficient numbers of competent, trained staff to protect the health and safety of individuals.

§483.430(a) Standard: Qualified Mental Retardation Professional

W159

Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional

Facility Practices §483.430(a)

There is an assigned qualified mental retardation professional (QMRP).

There are sufficient numbers of QMRPs to accomplish the job.

The QMRP observes individuals, reviews data and progress, and revises programs based on individual need and performance.

The QMRP ensures consistency among external and internal programs and disciplines.

The QMRP ensures service design and delivery which provides each individual with an appropriate active treatment program.

The QMRP ensures that any discrepancies or conflicts between programmatic, medical, dietary, and vocational aspects of the individual's assessment and program are resolved.

The QMRP ensures a follow-up to recommendations for services, equipment or programs.

The QMRP ensures that adequate environmental supports and assistive devices are present to promote independence.

Guidelines §483.430(a)

View the person serving in the QMRP role as pivotal to the adequacy of the program the individual receives, since it is this role that is intended to ensure that the individual receives those services and interventions necessary by competent persons capable of delivering them. The paramount importance of having persons competent to judge and supervise active treatment issues cannot be overstated.

An individual's IPP may be coordinated and monitored by more than one QMRP or by other staff persons who perform the QMRP duties. There must, however, be one QMRP who is assigned primary responsibility and accountability for the individual's IPP and the QMRP function.

The regulations do not specify if the person designated as QMRP must do the duties of a QMRP exclusively, or is allowed to perform other professional staff duties in addition. The facility has the flexibility to allocate staff resources in whatever manner it believes is necessary as long as it ensures that the QMRP function is performed effectively for each individual.

The test of whether the number of QMRPs is adequate rests with the ability of the facility to provide the services described in §483.430(a) in an effective manner. The number will vary depending on such factors as the number of individuals the facility serves, the complexity of needs manifested by these individuals, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QMRP function.

Probes §483.430(a)

Are the QMRP functions actually being carried out, or is paperwork simply reviewed?

Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QMRP function?

Are program areas visited and are performance and problems of individuals discussed?

Does the plan flow from only the original diagnosis/assessment? Does it take into consideration interim progress on plans and activities?

Does the QMRP make recommendations and requests on behalf of individuals? How does the facility respond?

W160

Who--

§483.430(a)(1) Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; and

(a)(2) Is one of the following:

W161

(a)(2)(i) A doctor of medicine osteopathy.

W162

(a)(2)(ii) A registered nurse.

W163

(a)(2)(iii) An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section.

§483.430(b) Standard: Professional Program Services

W164

§483.430(b)(1) Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.

Facility Practices §483.430(b)(1)

Individuals receive professional services when the comprehensive functional assessment or the active treatment program defined by the IPP requires the knowledge, skills and expertise of someone specially trained in a given discipline in order to be effectively implemented.

In the presence of a functional deficit, there is input by the relevant professional discipline(s) in order to assess the individual and develop a relevant active treatment program.

Guidelines §483.430(b)(1)

For an active treatment program to be responsive to the individual's unique needs, there must be a foundation of competent professional knowledge that can be drawn upon in the implementation of the interdisciplinary team process. Individuals with developmental deficits will require initial, temporary, or ongoing services from professional staff, knowledgeable about contemporary care practices associated with these areas. A special mention needs to be made that individuals should not be provided with services that are **not** needed (e.g., if an individual is basically healthy and not on medication, then the individual should not be provided extensive health and health-related services).

The needs identified in the initial comprehensive functional assessment, as required in [§483.440\(c\)\(3\)\(v\)](#), should guide the team in deciding if a particular professional's further involvement is necessary and, if so, to what extent professional involvement must continue on a direct or indirect basis.

Since such needed professional expertise may fall within the purview of multiple professional disciplines, based on overlapping training and experience, determine if the facility's delivery of professional services is adequate by the extent to which individuals' needs are aggressively and competently addressed. Some examples in which professional expertise may overlap include:

- **Physical development and health:** nurse (routine medical or nursing care needs that do not interfere with participation in other programs); physician, physician assistant, nurse practitioner (acute major medical intervention, or the treatment of chronic medical needs which will be dependent upon an individual's success or failure in other treatment programs).
- **Nutritional status:** nurse (routine nutritional needs that do not affect participation in other programs); nutritionist or dietitian (chronic health problems related to nutritional deficiencies, modified or special diets).
- **Sensorimotor development:** physical educators, adaptive physical educators, recreation therapists, (routine motor needs involving varying degrees of physical fitness or dexterity); special educators or other visual impairment specialists (specialized mobility training and orientation needs); occupational therapist, physical therapist, physiatrist (specialized fine and gross motor needs caused by muscular, neuromuscular, or physical limitations, and which may require the therapeutic use of adaptive equipment or adapted augmentative communication devices to increase functional independence); dietitians to increase specialized fine and gross motor skills in eating.

- **Affective (emotional) development:** special educators, social workers, psychologists, psychiatrists, mental health counselors, rehabilitation counselors, behavior therapists, behavior management specialists.
- **Speech and language (communication) development:** speech-language pathologists, special educators for people who are deaf or hearing impaired.
- **Auditory functioning:** audiologists (basic or comprehensive audiologic assessment and use of amplification equipment); speech-language pathologists (like audiologists, may perform aural rehabilitation); special educators for individuals who are hearing impaired.
- **Cognitive development:** teacher (if required by law, i.e., school aged children, or if pursuit of GED is indicated), psychologist, speech-language pathologist.
- **Vocational development:** vocational educators, occupational educators, occupational therapists, vocational rehabilitation counselors, or other work specialists (if development of specific vocational skills or work placement is indicated).
- **Social Development:** teachers, professional recreation staff, social workers, psychologists (specialized training needs for social skill development).
- **Adaptive behaviors or independent living skills:** Special educators, occupational therapists

W165

Professional program staff must work directly with clients

Facility Practices §483.430(b)(1)

Individuals receive interventions or services directly from professional staff when required by individual needs, program design, implementation, or monitoring.

W166

and with paraprofessional, nonprofessional and other professional program staff who work with clients.

Facility Practices §483.430(b)(1)

When required by individual need, program design, implementation, or monitoring, professional staff work directly with paraprofessional, nonprofessional and other

professional program staff to assure that these individuals have the skills necessary to carry out the needed interventions.

Guidelines §483.430(b)(1)

There are some individuals in ICFs/MR who can often have their needs effectively met without having direct contact with professional staff on a daily basis. The intent of the requirement is not to require that professionals work directly with individuals on a daily basis, but only as often as an individual's needs indicate that professional contact is necessary. The amount and degree of direct care that professionals must provide will depend on the needs of the individual and the ability of other staff to train and direct individuals on a day-to-day basis.

W167

§483.430(b)(2) The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

Facility Practices §483.430(b)(2)

Each individual receives professional interventions as needed and specified in the IPP, in sufficient quantity to assure correct implementation.

Guidelines §483.430(b)(2)

If there is sufficient evidence that para- and non-professional staff demonstrate the needed competencies to carry through with intervention strategies, you may be satisfied there is sufficient professional staff to carry out the active treatment program. However, if the professional's expertise is not demonstrable at the para- and non-professional staff level, question both the numbers of professional staff and the effectiveness of the transdisciplinary training of para- and non-professional staff.

Probes §483.430(b)(2)

Are these services available when they are most beneficial for the individual?

Are these people available to staff on other shifts? Weekend staff?

Are professional staff available to monitor the implementation of individual programs if necessary?

W168

§483.430(b)(3) Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.

Facility Practices §483.430(b)(3)

When necessary to develop, implement or monitor an individual's active treatment program, appropriate professional staff participate as interdisciplinary team (IDT) members.

Guidelines §483.430(b)(3)

"Participate" means providing input through whatever means is necessary to ensure that the individual's IPP is responsive to the individual's needs. The purpose of the interdisciplinary team process is to provide team members with the opportunity to review and discuss information and recommendations relevant to the individual's needs, and to reach decisions as a team, rather than individually, on how best to address those needs. Therefore, determine whether or not there is a pattern of active treatment based on professional participation in the process.?

Without a negative outcome to demonstrate that professional involvement in any aspect of the active treatment process (e.g., comprehensive functional assessment, IPP development, program implementation, etc.) was insufficient or inaccurate, the facility is allowed the flexibility to use its resources in a manner that works in behalf of the client, in accordance with the regulations.

W169

§483.430(b)(4) Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members.

Facility Practices §483.430(b)(4)

Professional staff receive training in their own discipline to assure adequate delivery of services and to be aware of developments in their field.

Professional staff receive training in other disciplines to the extent necessary to meet the needs of each individual.

Professional staff provide training to others.

Guidelines §483.430(b)(4)

“Participate” means both seeking out self-training and provision of training to others.

W170

§483.430(b)(5) Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices.

Probes 483.430(b)(5)

How does the facility verify that its professionals meet State licensing requirements?

Those professional program staff who do not fall under the jurisdiction of State licensure, certification, or registration requirements, specified in [§483.410\(b\)](#), must meet the following qualifications:

W171

§483.430(b)(5)(i) To be designated as an occupational therapist, an individual must be eligible for certification as an occupational therapist by the American Occupational Therapy Association or another comparable body.

Guidelines §483.430(b)(5)(i)-(ix)

The introductory phrase “to be designated as...” means that a provider is allowed to represent him or herself as a professional provider in that discipline, only if the provider meets State licensing requirements, or if the particular discipline does not fall under State licensure requirements, the provider meets the qualifications specified in §§483.430(b)(5)(i)-(ix). A person who is not qualified, for example, as a social worker, may not be referred to as a social worker per se. Nevertheless, such a person may be able to provide social services in an ICF/MR if there is no conflict with State law, and as long as the individuals’ needs are met.

W172

§483.430(b)(5)(ii) To be designated as an occupational therapy assistant, an individual must be eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association or another comparable body.

W173

§483.430(b)(5)(iii) To be designated as a physical therapist, an individual must be eligible for certification as a physical therapist by the American Physical Therapy Association or another comparable body.

W174

§483.430(b)(5)(iv) To be designated as a physical therapy assistant, an individual must be eligible for registration by the American Physical Therapy Association or be a graduate of a two year college-level program approved by the American Physical Therapy Association or another comparable body.

W175

§483.430(b)(5)(v) To be designated as a psychologist, an individual must have at least a master's degree in psychology from an accredited school.

§483.430(b)(5)(vi) To be designated as a social worker, an individual must--

W176

§483.430(b)(5)(vi)(A) Hold a graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or

§483.430(b)(5)(vi)(B) Hold a Bachelor of Social Work degree from a college or university accredited or approved by the Council on Social Work Education or another comparable body.

§483.430(b)(5)(vii) To be designated as a speech-language pathologist or audiologist, an individual must--

W177

§483.430(b)(5)(vii)(A) Be eligible for a Certificate of Clinical Competence in Speech-Language Pathology or Audiology granted by the American Speech-Language-Hearing Association or another comparable body; or

§483.430(b)(5)(vii)(B) Meet the educational requirements for certification and be in the process of accumulating the supervised experience required for certification.

W178

§483.430(b)(5)(viii) To be designated as a professional recreation staff member an individual must have a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical education.

W179

§483.430(b)(5)(ix) To be designated as a professional dietitian, an individual must be eligible for registration by the American Dietetics Association

Guidelines §483.430(b)(5)(ix)

The Commission on Dietetic Accreditation of the American Dietetic Association is the organization to whom the American Dietetic Association delegates this responsibility.

W180

§483.430(b)(5)(x) To be designated as a human services professional an individual must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

Guidelines §483.430(b)(5)(x)

The intent for including a “human services professional” category is to expand the number and types of persons who could qualify as QMRPs, while still maintaining acceptable professional standards.

“Human services field” includes all the professional disciplines stipulated in [§§483.430\(a\)\(3\)\(i\)\(ii\)](#) and [§§483.430\(b\)\(5\)\(i\)-\(ix\)](#), as well as any related academic disciplines associated with the study of: human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts).

An individual with a “bachelors degree in a human services field” means an individual who has received: **at least** a bachelor's degree from a college or university (master and doctorate degrees are also acceptable) and has received academic credit for a major or minor coursework concentration in a human services field, as defined above. Although a variety of degrees may satisfy the requirements, majors such as geology and chemical engineering are not acceptable.

Taking into consideration a facility's needs, the types of training and coursework that a person has completed, and the intent of the regulation, the facility and you can exercise wide latitude of judgment to determine what constitutes an acceptable "human services" professional. Again, the key concern is the demonstrated competency to do the job.

W181

§483.430(b)(5)(xi) If the client's individual program plan is being successfully implemented by facility staff, professional program staff meeting the qualifications of paragraph (b)(5)(i) through (x) of this section are not required--

(b)(5)(xi)(A) Except for qualified mental retardation professionals;

(b)(5)(xi)(B) Except for the requirements of paragraph (b)(2) of this section concerning the facility's provision of enough qualified professional program staff; and

(b)(5)(xi)(C) Unless otherwise specified by State licensure and certification requirements.

§483.430(c) Standard: Facility Staffing

W182

§483.430(c)(1) The facility must not depend upon clients or volunteers to perform direct care services for the facility.

Facility Practices §483.430(c)(1)

The facility has sufficient staff to provide needed care and services without the use of volunteers or enlisting the help of individuals residing in the facility.

Guidelines §483.430(c)(1)

Volunteers may provide **supplementary** services. The facility may not rely on volunteers to fill required staff positions and perform direct care services.

Examine closely the adequacy of staffing when individuals served are engaged in the care, training, treatment or supervision of other individuals, either as part of training, "volunteer work," or normal daily routines. (See [W131-W132](#) for additional interpretation of productive work done as a "volunteer" or as part of the individual's active treatment program.) The test of adequacy is whether or not there is sufficient staff to accomplish the job in the absence of the individual's work. Work done as part of an active treatment training program requires that the staff are monitoring and teaching new skills as part of the IPP.

**THE ROLE OF THE REGISTERED NURSE...
TITLE 22 REQUIREMENTS
ICF/DD, ICF/DD-H AND ICF/DD-N¹ HEALTH FACILITIES**

RN Role	ICF/DD	ICF/DD-H	ICF/DD-N
RN Authority to Carry Out Nursing Functions	<p>RN has, in writing, administrative authority, responsibility and accountability for nursing services.</p> <p><u>RN has authority to make judgments regarding client health issues, within the scope of the Nurse Practice Act.</u></p> <p><i>76355(b) RN must have knowledge and experience in the field of developmental disabilities.</i></p>	<p>Section 76878(b): Licensee delegates to RN, in writing, authority to carry out required nursing functions.</p> <p><u>The RN has authority to make judgments regarding client health issues within the scope of the Nurse Practice Act.</u></p>	<p>73876(d): Licensee delegates to RN, in writing, authority to carry out required nursing functions.</p> <p><u>The RN has authority to make judgments regarding client health issues within the scope of the Nurse Practice Act.</u></p>
RN Oversight	<p>The RN in charge of nursing services is present 8 hours a day, 5 days a week on the day shift, with relief RN coverage 8 hours a day for the remaining two days in the week.</p>	<p>Section 76876(a): RN employed or via formal contract visits the facility for health services and client health assessment as needed but no less than one hour per client per week.</p>	<p>Section 73879(b): RN employment/contract requirements same as ICF/DD-H Visits the facility for health services and client health assessments as needed but no less than 1.5 hours per week.</p> <ul style="list-style-type: none"> ▪ RN must have one year clinical experience
Client Teaching	Section 76345 Personal	Section 76875(a)(1)	Section 73876(a)(1)

¹ Intermediate Care Facilities/Developmentally Disabled (ICF/DD-H), Intermediate Care Facilities/Developmentally Disabled-Habilitative (ICF/DD-H and Intermediate Care Facilities/Developmentally Disabled-Nursing (ICF/DD-N)

RN Role	ICF/DD	ICF/DD-H	ICF/DD-N
	Hygiene, family life, sex ed	Personal Hygiene, family life, sex ed	Personal Hygiene, family life, sex ed
Participation in IDT	Section 76345(d)(1-5) Required (unless inappropriate) for: <ul style="list-style-type: none"> Pre admit and admission evaluation Periodic re-evaluation of services Discharge plan 	Section 76875(d)(1-5) Required (unless inappropriate) for: <ul style="list-style-type: none"> Pre admit and admission evaluation Periodic re-evaluation of services Discharge plan	Section 738756(d)(1-5) Required (unless inappropriate) for: <ul style="list-style-type: none"> Pre admit and admission evaluation Periodic re-evaluation of services Discharge plan <i>Pre admission evaluation must make recommendations regarding the facility's ability to meet the client's medical/ nursing needs.</i>
Nursing Services Plan	Section 76345(a)(6): Written plan for provision of all nursing services – developed and implemented.	Section 76875(a)(2): Written plan for provision of all nursing services – developed and implemented.	Section 73877(a)(2): Written plan for provision of all nursing services – developed and implemented.
Evaluation of Nursing Services Plan	Section 76345(a)(7): Required at least every six months.	Section 76875(a)(3): Required at least every six months.	Section 73876(a)(3): Required at least every six months.
Drug Regimen Review	Section 76411(b) Drug regimen reviewed monthly by RN or Pharmacist at least monthly and prepare appropriate reports.	Section 76905(b) Drug regimen reviewed monthly by RN or Pharmacist at least monthly and prepare appropriate reports.	Section 76876(c) The RN shall review all medication documentation and recordings for compliance with regulatory requirements and acceptable standards no less often than every two weeks. Shall include

RN Role	ICF/DD	ICF/DD-H	ICF/DD-N
			documentation in the client record with specific notation of all noncompliances found and corrective action taken.
Medication Administration	<p>Section 76347(i)(2)(A-C) Medications administered by licensed nursing staff only. Exception: with direct supervision of licensed nursing or medical personnel unlicensed staff who are trained and competent may administer:</p> <ul style="list-style-type: none"> ▪ Medicinal shampoos and baths ▪ Laxative suppositories and enemas ▪ Non-legend topical ointments, creams, lotions when applied to intact skin surface. 	<p>Section 76876(f)(1), (3): Facility RN designates specific unlicensed direct care staff to administer medications if staff have successfully completed a medication administration program.</p> <ul style="list-style-type: none"> ▪ Facility RN may teach the medication administration course. ▪ Facility RN certifies and documents staff proficiency in writing. 	<p>Section 73874(d)(3): Facility RN designates specific unlicensed direct care staff to administer medications if staff have successfully completed a medication administration program.</p> <ul style="list-style-type: none"> ▪ Facility RN may teach the medication administration course. ▪ Facility RN certifies and documents staff proficiency in writing. ▪ RN verifies staff proficiency initially and annually.

HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

Section V: **Task Two Protocol** **Development of Policy on Abuse and Neglect**

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Appendix Q:	
Systemic Approach to Prevent Abuse and Neglect	4 pages
Reducing Risks	1 page
DDS Letter: Special Incident Reporting Requirements	2 pages
Special Incident Reporting Requirements.....	1 page
CCR, Title 17, Division 2, Chapter 3:	Enclosure A
Community Services, Sections 54302 and 54327	

DEVELOPMENT OF FACILITY POLICY ON ABUSE AND NEGLECT

State and federal regulations require that providers develop a policy on client abuse and neglect and investigation of complaints. There are many regulations that you will need to be familiar with to develop your policy. Refer to the Code of Federal Regulations, the California Code of Regulations, Title 22 and 17.

Review of the facility's policy on neglect, abuse and complaints is known as the Task Two Protocol by surveyors.

The Code of Federal Regulations, Center for Medicare and Medicaid Services, Appendix Q is included in this section. This document is taken from the surveyor's manual and it contains the recommended key components of a systematic approach to preventing abuse and neglect. Refer to the section on the right side of the page for information specific to ICF/MR facility types. Ensure that your policy addresses each of these components.

California Code of Regulations, Title 17, Sections 54302 and 54327 include information on Requirements for Special Incident Reporting by Vendors and Long Term Health Care Facilities. Ensure that your policy reflects these reporting requirements.

Also included in this section is a quick reference document, Special Incident Reporting (SIR) Requirements. Feel free to use this reference list of SIR types to train your staff or post in your facility.

Code of Federal Regulations
Centers for Medicare and Medicaid Services

Appendix Q

Guidelines for Determining Immediate Jeopardy –
Seven Components to Abuse Prevention

GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

OVERVIEW RECOMMENDED KEY COMPONENTS OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
1. PREVENT	The facility or system has the capacity to prevent the occurrence of abuse and neglect and reviews specific incidents for "lessons learned" which form a feedback loop for necessary policy changes.	483.13(b) 483.13(c) 483.13(c)(3)	The facility must develop and implement policies and procedures that include the seven key components: screening, training, prevention, identification, investigation, protection and reporting/response; the facility identifies, corrects and intervenes in situations in which abuse or neglect is more likely to occur, and the facility identifies characteristics of physical environment and deployment of staff and residents (e.g., those with aggressive behaviors) likely to precipitate abuse or neglect.	483.420(a)(5) 483.420(d)(1) 483.420(d)(1)(I)	The facility has and implements abuse prevention policies and procedures; and the facility organizes itself in such a manner that individuals are free from threat to their health and safety.

GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

OVERVIEW RECOMMENDED KEY COMPONENTS OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
2. SCREEN	The facility or system provides evidence and maintains efforts to determine if persons hired have records of abuse or neglect.	483.13(c)(1)(ii) (A)&(B)	The facility screens potential employees for a history of abuse, neglect, or mistreating residents as defined by the applicable requirements.	483.420()(1)(iii)	The facility screens potential employees to prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect, or mistreatment.
3. IDENTIFY	The facility or system creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse and neglect.	483.13(c)(2)	The facility identifies events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse; and determine the direction of the investigation.	483.420(a)(5)	The facility identifies patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.

GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

OVERVIEW RECOMMENDED KEY COMPONENTS OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
4. TRAIN	The facility or system, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse and neglect and related reporting requirements, including prevention, intervention and detection.	483.74(e)	The facility has procedures to train employees, through orientation and on-going sessions, on issues related to abuse prohibition practices.	483.420(d)(1) 483.430(e)(1)	Facility ensures that staff can define what constitutes abuse and punishment and actively promotes respect for individuals; and facility assures that staff have received training, both upon hiring and on an ongoing basis, which results in the competencies needed to do their job.
5. PROTECT	The facility or system must protect individuals from abuse and neglect during investigation of any allegations of abuse or neglect.	483.13(c)(3)	The facility has procedures to protect residents from harm during an investigation.	483.430(d)(3)	The facility prevents further potential abuse while the investigation is in progress.
6. INVESTIGATE	The facility or system ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect, or mistreatment.	483.13(c)(2)(3)&(4)	The facility has procedures to investigate different types of abuse; and identify staff member responsible for the initial reporting of results to the proper authorities.	483.420(d)(3)	The facility investigates all injuries of unknown origin and allegations of mistreatment, neglect, or abuse.

GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

OVERVIEW RECOMMENDED KEY COMPONENTS OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
7. REPORT/ RESPOND	The facility or system must assure that any incidents of substantiated abuse and neglect are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, State or Federal law.	483.13(c)(1)(iii) 483.13(c)(2) 483.13(c)(4)	The facility has procedures to report all alleged violations and substantiated incidents to the State agency and to all other agencies, as required, and to take all necessary corrective actions, depending on the results of the investigation; report to State nurse aide registry or licensing authorities any knowledge it has of any action by a court of law which would indicate an employee is unfit for service, and analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.	483.420(1)(6) 483.420(d)(2) 483.420(d)(4)	The results of all investigations are reported to the administrator or designated representative or to other officials in accordance with State law within 5 working days of the incident and, if the alleged violation is verified, appropriate corrective action is taken.

REDUCING RISKS

Adapted from presentation by Dick Sobsey titled Violence and Disability. Reducing the Risks,¹ the following represents a framework for promoting and enhancing safety in any setting where people with developmental disabilities receive services.

Reducing the Vulnerability of Individuals

- Teach communication.
- Teach choice.
- Encourage cooperation, not compliance.
- Teach sex education.
- Teach personal safety skills.

Avoid Predatory Caregivers

- Complete criminal background checks for new staff.
- Pre-screen new staff. (In California for health facility employees, use the Interactive Voice Response Unit (IRVU) database to determine if the employee has been denied clearance in the past. Contact the Department of Health, Licensing and Certification, for further information on this system)
- Always carefully check references.
- Look for problems with authority during the interview process.
- Assess the applicant for positive care giving traits.

Train and Support Staff

- Encourage healthy bonding between employees and individuals receiving services.
- Discuss any abuse problems openly.
- Train reporting.
- Support good staff.
- Allow staff to contribute to solutions.
- Teach effective behavior management.
- Always protect those who report possible abuse.

Create and Support Inclusion

- Encourage participation as members of the community.
- Contribute to community crime prevention.
- Minimize isolation
 - ✓ Help people build healthy friendships.
 - ✓ Encourage appropriate sexual relationships.

¹ Sobsey, Dick (1994) Violence in the lives of People with Disabilities: The End of Silent Acceptance? Baltimore: Paul H. Brooks

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958



September 23, 2003

TO: LONG-TERM HEALTH CARE FACILITY PROVIDERS SERVING REGIONAL
CENTER CONSUMERS

RE: SPECIAL INCIDENT REPORTING REQUIREMENTS

The purpose of this letter is to clarify who is required to report special incident reports (SIR) to the regional center and to provide general information regarding SIR reporting. In 2001, the law was changed to provide more specific SIR definitions and to require reporting by long-term health care facilities serving regional center consumers. The regulations define long-term health care facilities as Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N).

Two types of SIRs (consumer death and victim of a crime) are reportable, regardless of when or where they occurred; all other Title 17 reportable incident types must be reported if the incident occurred during the time the consumer was receiving services and supports from any regional center vendor or long-term health care facility. The SIR must be sent to the vendoring regional center and the regional center responsible for case management of the involved consumer (if they are not the same regional center).

In addition, when a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division the long-term health care facility shall also report the unusual occurrence to the regional center.

Enclosed is a reference list of SIR types and the information to be included in the report. Please feel free to post the listing, use it for training purposes, or use it in any other way you find useful.

The SIR information is used by regional centers and the State of California (State) to better understand the causes of special incidents and for implementing strategies to decrease risks to consumers. Both the regional centers' and the State's risk management efforts rely on consistent reporting of SIRs. Also, enclosed for your reference is a copy of the SIR reporting regulations (Enclosure A).

"Building Partnerships, Supporting Choices"

Long-Term Health Care Facility Providers Serving Regional Center Consumers
September 23, 2003
Page two

Thank you for your cooperation. If you have any questions regarding these materials, please contact your local regional center.

Sincerely,

ORIGINAL SIGNED BY

DALE A. SORBELLO
Deputy Director
Community Operations Division

Enclosures

cc: Regional Center Directors
ARCA
Department of Health Services

Special Incident Reporting Requirements

Title 17, Section 54327



Required to be reported to the regional center regardless of when or where they occurred:

- The death of any consumer, regardless of cause
- The consumer is the victim of the following crimes:
 - Robbery
 - Aggravated Assault
 - Larceny
 - Burglary
 - Rape, including rape and attempts to commit rape

Required to be reported to the regional center if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:

- The consumer is missing and a missing persons report has been filed with a law enforcement agency
- Reasonably suspected neglect, including failure to:
 - Provide medical care for physical and mental health needs
 - Prevent malnutrition or dehydration
 - Protect from health and safety hazards
 - Assist in personal hygiene, or the provision of food, clothing or shelter
 - Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult
- Unplanned or unscheduled hospitalization due to:
 - Respiratory illness
 - Seizures
 - Cardiac-related hospitalization
 - Internal infections, including ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract
 - Diabetes and diabetes-related complications
 - Wound/skin care, including cellulitis and decubitus
 - Nutritional deficiencies, including anemia and dehydration
 - Involuntary psychiatric admission
- Reasonably suspected abuse/exploitation, including:
 - Physical
 - Sexual
 - Fiduciary
 - Emotional/mental
 - Physical and/or chemical restraint
- Serious injury/accident including:
 - Lacerations requiring sutures or staples
 - Puncture wounds requiring medical treatment beyond first aid
 - Fractures
 - Dislocations
 - Bites that break the skin and require medical treatment beyond first aid
 - Internal bleeding requiring medical treatment beyond first aid
 - Any medication errors
 - Medication reactions that require medical treatment beyond first aid
 - Burns that require medical treatment beyond first aid



September 2003

When reporting a special incident to the regional center, it is important to include:

- The date, time and location of the special incident;
- The name(s) and date(s) of birth of the consumer(s) involved;
- A description of the incident;
- The treatment provided to the consumer, if any;
- The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
- The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and,
- All other information required by Title 17

**California Code of Regulations
Title 17, Division 2
Chapter 3: Community Services**

SubChapter 2: Vendorization

Article 2: Vendorization Process

Section 54302 - Definitions

(a) The following definitions shall apply to the language contained in Sections 54310 through 54390 of these regulations:

(1) "Activity Center" means a community-based day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment;

(2) "Adult" means a person 18 years of age or older;

(3) "Adult Day Health Care Program" means an Adult Day Care Health Care Program as defined in Health and Safety Code Section 1570.7(a);

(4) "Adult Day Programs" means those community-based day programs defined in (a)(1), above and (a)(6), (11), (13), (31), and (60) below;

(5) "Adult Day Services" means the broad category of nonresidential services under which adult day programs are categorized;

(6) "Adult Development Center" means a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care;

(7) "Age Appropriate" means the consideration of the chronological age of the person in the use of activities, instructional locations, and techniques;

(8) "Applicant" means an individual or entity that desires to be a vendor;

(9) "Authorized Agency Representative" means a person authorized to act on behalf of either the Department or the regional center, by law, by court order, or by a written statement signed by the Director of the Department or the regional center director, respectively;

(10) "Authorized Consumer Representative" means the parent or guardian of a minor, conservator of an adult, or person who is legally entitled to act on behalf of the consumer;

(11) "Behavior Management Program" means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible

for or acceptable in any other community-based day program;

(12) "Child" means a person under the age of 18 years;

(13) "Community-based Day Programs" means those programs which provide services to individuals on an hourly or daily basis, but less than a 24-hour basis in the community rather than at a developmental center. Only the following types of services are community-based day programs: activity centers, adult development centers, behavior management programs, independent living programs, infant development programs and social recreation programs;

(14) "Community Integration" means presence, participation and interaction in natural environments;

(15) "Congregate Living Health Facility" means a Congregate Living Health Facility as defined in Health and Safety Code Section 1250(i)(1);

(16) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code, Section 4512, and of Title 17, Sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility;

(17) "Controlling Agency" means any agency, department, or commission that by statute requires standards to be met for the issuance of a license, credential, registration, certificate or permit required for the operation or provision of service;

(18) "Days" means calendar days unless otherwise stated;

(19) "Department" means the Department of Developmental Services;

(20) "Developmental Center" means any institution referred to in the Welfare and Institutions Code, Section 4440. Developmental Center is synonymous with state hospital;

(21) "DHS" means the Department of Health Services;

(22) "DSS" means the Department of Social Services;

(23) "Direct Care Staff" means staff who personally provide direct services to consumers. Personnel who are responsible for other staff functions may be considered direct care staff only during that time when they are providing direct services to consumers or are involved in program preparation functions;

(24) "Direct Services" means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 of these regulations;

(25) "Director" means the Director of the Department of Developmental Services;

(26) "Family Member" means an individual who: A) Has a developmentally disabled person residing with him or her; B) Is responsible for the 24-hour care and supervision of the developmentally disabled person; and C) Is not a licensed or certified resident care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided;

(27) "Functional Skills" means those skills which enable an individual to communicate, interact with others and to perform tasks which have practical utility and meaning at home, in the community or on the job;

(28) "Generic Agency" means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services;

(29) "Generic Support(s)" means voluntary service organizations, commercial businesses, non-profit organizations, generic agencies, and similar entities in the community whose services and products are regularly available to those members of the general public needing them;

(30) "Group Practice" means more than one individual which functions as a business entity while providing services to individuals;

(31) "Independent Living Program" means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs;

(32) "Individual Program Plan (IPP)" means a written plan that is developed by a regional center Interdisciplinary (ID) Team, in accordance with the provisions of the Welfare and Institutions Code, Sections 4646 and 4646.5;

(33) "Infant Development Program" means a community-based day program defined in the Welfare and Institutions Code, Section 4693;

(34) "In-home Respite Services" means intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home and designed to do all of the following:

(A) Assist family members in maintaining the consumer at home;

(B) Provide appropriate care and supervision to protect the consumer's safety in the absence of family members;

(C) Relieve family members from the constantly demanding responsibility of caring for a consumer; and

(D) Attend to the consumer's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member;

(35) "Interdisciplinary (ID) Team" means the group of persons convened in accordance with the Welfare and Institutions Code, Section 4646, for the purpose of preparing a consumer's IPP;

(36) "Intermediate Care Facility" means an Intermediate Care Facility as defined in Health and Safety Code Section 1250(d);

(37) "Intermediate Care Facility/Developmentally Disabled (ICF/DD)" means a licensed residential health facility which provides care and support services to developmentally disabled consumers whose primary need is for developmental services and who have a recurring, but intermittent, need for skilled nursing services;

(38) "Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H)" means a licensed

residential health facility which has as its primary purpose the furnishing of 24-hour personal care, developmental training, habilitative, and supportive health services in a facility with 15 beds or less to residents with developmental disabilities;

(39) "Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD?N)" means a licensed residential health facility which has as its primary purpose the furnishing of 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4-15 beds to medically fragile developmentally disabled consumers, or to consumers who demonstrate a significant developmental delay that may lead to a developmental disability if not treated. Such consumers must have been certified by a physician as not requiring skilled nursing care;

(40) "Long-Term Health Care Facility" means an Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled?Nursing(ICF/DD-N);

(41) "Management Organization" means a separate and distinct corporation or entity which operates two or more services;

(42) "Mobility Training" means individually planned activities and instruction which enable adults with developmental disabilities to utilize the most normalizing independent transportation modes possible;

(43) "Natural Environment" means places and social contexts commonly used by individuals without developmental disabilities;

(44) "Natural Supports" means, pursuant to Welfare and Institutions Code, Section 4512(e), personal associations and relationships typically developed in the family and community that enhance or maintain the quality and security of life for people;

(45) "Nonresidential Services" means all services provided by any vendor other than a residential facility;

(46) "Nursing Facility" means a licensed health facility or a distinct part of a hospital which provides continuous skilled nursing and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary and pharmaceutical services, and an activity program;

(47) "Program Preparation Functions" means secondary activities performed by non-residential direct care staff, such as preparation of lesson plans, completion of the necessary documentation required by these regulations, preparation and clean-up of the area where the direct service is provided to consumers, or involvement in other duties such as staff meetings and parent conferences;

(48) "Purchase of Service Funds" means those funds identified in the Budget Act for the purpose of purchasing services, provided by vendors, for consumers;

(49) "Reasonably suspected" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect abuse.

(50) "Regional Center" means a diagnostic, counseling, and service coordination center for developmentally disabled persons and their families which is established and operated pursuant to the Welfare and

Institutions Code, Sections 4620 through 4669, by a private nonprofit community agency or corporation acting as a contracting agency. As used in these regulations, any reference to the regional center shall, by reference, be applicable to those agencies or persons with which the regional center contracts to provide service coordination to consumers under the provisions of the Welfare and Institutions Code, Section 4648;

(51) "Residential Facility" means any licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6), or a licensed residential care facility for the elderly as defined in Health and Safety Code Section 1569.2;

(52) "Self-Advocacy" means the awareness, motivation and ability of an individual to represent and communicate his or her own interests, to exercise personal choice, to exert control over his or her environment, and to avoid exploitation and abuse;

(53) "Self-Care" means meeting one's physical and personal needs, such as dressing, grooming and hygiene without dependence on others or having the ability to direct others to meet those needs;

(54) "Service Catchment Area" means the geographical area within which a regional center provides services specified in its contract with the Department as required by the Welfare and Institutions Code, Section 4640;

(55) "Service Code" means a number which is assigned by the vendoring regional center to a vendor which indicates the type of authorized service to be provided;

(56) "Service Contract" means an agreement entered into between a regional center and a non-residential vendor which specifies the level of payment and units of service to be used by the vendor to charge and invoice the regional center for services provided to consumers;

(57) "Service Design" means a written description of the service delivery capabilities and orientation developed, maintained, and implemented by a SLS vendor.

(58) "Services" means assistance provided, and duties performed, by a vendor for a consumer;

(59) "Skilled Nursing Facility (SNF)" means a Skilled Nursing Facility as defined in Health and Safety Code Section 1250(c).

(60) "Social Recreation Program" means a community-based day program which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits;

(61) "Special Incident Report" is the documentation prepared by vendor staff or long-term health care facility staff detailing a special incident and provided to the regional center.

(62) "Staffing Ratio" or "Staff-to-Consumer Ratio" means the numerical relation of the number of direct care staff to the number of consumers.

(63) "Statewide Vendor Panel" means the statewide listing of all vendors which contains information specified in Section 54334 of these regulations.

(64) "Subcode" means a series of a maximum of five numbers and/or letters which is assigned by the vendoring regional center to a vendor for billing purposes;

(65) "Supported Living Service(s) (SLS)" means those services and supports referenced in Section 54349(a) through (e), and specified as SLS service and support components in Title 17, Section 58614, which are provided by a SLS vendor, paid for by the regional center, and support consumers' efforts to:

(A) Live in their own homes, as defined in Title 17, Section 58601(a)(3);

(B) Participate in community activities to the extent appropriate to each consumer's interests and capacity; and

(C) Realize their individualized potential to live lives that are integrated, productive, and normal;

(66) "Unit of Service" means the increment of service provided to consumers which is used to charge and invoice the regional center for services provided. The increment of service is specified as hours, days, transportation mileage or any other increment of service agreed to by the Department, regional center and the vendor;

(67) "User Regional Center or Utilizing Regional Center" means any regional center which utilizes a service within the vendoring regional center's catchment area;

(68) "Vendor" means an applicant which has been given a vendor identification number and has completed the vendorization process, and includes those specified in Section 54310(d), and (e);

(69) "Vendor Application" means the form, DS 1890 (12/92), which contains the information specified in Section 54310(a)(1) through (10) of these regulations;

(70) "Vendor Identification Number" means the unique number which is assigned to each vendor in order to establish a recordkeeping and tracking system for regional centers' billing purposes;

(71) "Vendoring Regional Center" means the regional center in whose service catchment area the vendor is located;

(72) "Vendorization" means the process used to:

(A) Verify that an applicant meets all of the requirements and standards pursuant to Section 54320(a) of these regulations prior to the provision of services to consumers; and

(B) Assign vendor identification numbers, service codes and subcodes, for the purpose of identifying vendor expenditures;

(73) "Voucher" means a written authorization issued by a regional center to a family member or consumer to procure the service for which the voucher was issued and which specifies the maximum reimbursement authorized by the regional center.

Authority: Sections 4405, 4648(a), and 4689.7(c), Welfare and Institutions Code; and Section 11152, Government Code.

Reference: Sections 1250 and 1502, Health and Safety Code; Sections 240, 242, 243.4, 245, 261, 264.1, 285, 273d, 285, 286, 288, 288a, 289, 311.2, 311.3, 311.4, 647a, 11165.1, 11165.2, 11165.3 and 11165.6, Penal Code; Sections 4504, 4512(i), 4646.5, 4648(a), 4689.7(c), 4691, 4693, 4791, 15610.57 and 15610.63; and Article II, Chapter 5, Welfare and Institutions Code.

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Section 54327 - Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities

(a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

(b) All vendors and long-term health care facilities shall report to the regional center:

(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:

(A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;

(B) Reasonably suspected abuse/exploitation including:

1. Physical;
2. Sexual;
3. Fiduciary;
4. Emotional/mental; or
5. Physical and/or chemical restraint.

(C) Reasonably suspected neglect including failure to:

1. Provide medical care for physical and mental health needs;
2. Prevent malnutrition or dehydration;
3. Protect from health and safety hazards;
4. Assist in personal hygiene or the provision of food, clothing or shelter; or
5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

(D) A serious injury/accident including:

1. Lacerations requiring sutures or staples;
2. Puncture wounds requiring medical treatment beyond first aid;
3. Fractures;
4. Dislocations;
5. Bites that break the skin and require medical treatment beyond first aid;
6. Internal bleeding requiring medical treatment beyond first aid;
7. Any medication errors;
8. Medication reactions that require medical treatment beyond first aid; or
9. Burns that require medical treatment beyond first aid.

(E) Any unplanned or unscheduled hospitalization due to the following conditions:

1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
2. Seizure-related;
3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;
5. Diabetes, including diabetes-related complications
6. Wound/skin care, including but not limited to, cellulitis and decubitus; 7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
8. Involuntary psychiatric admission;

(2) The following special incidents regardless of when or where they occurred:

(A) The death of any consumer, regardless of cause;

(B) The consumer is the victim of a crime including the following:

1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;
2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
4. Burglary, including forcible entry; unlawful non-forcible entry; and attempted forcible entry of a structure to commit a felony or theft therein;
5. Rape, including rape and attempts to commit rape.

(C) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.

(d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.

(e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:

- (1) The vendor or long-term health care facility's name, address and telephone number;
- (2) The date, time and location of the special incident;
- (3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;
- (4) A description of the special incident;
- (5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator(s) of the special incident, if applicable;
- (6) The treatment provided to the consumer(s), if any;

- (7) The name(s) and address(es) of any witness(es) to the special incident;
- (8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
- (9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
- (10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.

(f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.

(g) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.

(h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.

(1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.

(i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

(1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.

(j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).

(k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

Authority: Section 11152, Government Code.

Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.

search these and other regulations at the [Office of Administrative Law](#) website. Please e-mail any discrepancies found between these and the official regulations to webmaster@dds.ca.gov.